

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/049779

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
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12		1					62						
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16		1					66						
17		1					67						
18	+	1					68						
19		1					69						
20							70						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL	1						TOTAL						
IND.	17						IND.						
DEP.	18						DEP.						
TOTAL							CLAIMS						